FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Assn., Inc. Podiatry Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 03 0 1 2005 03 3 1 2005 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Gerald Peterson, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM 07 18 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

Image# 26930250908

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

F	deport Covering the Period: From:	01 2005	To: 0 3 3 1 2 0 0 5
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
S.	(a) Cash on Hand January 1		284106.18
	(b) Cash on Hand at Begining of Reporting Period	348107.93	
	(c) Total Receipts (from Line 19)	43889.17	144907.30
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	391997.10	429013.48
7.	Total Disbursements (from Line 31)	31076.98	68093.36
3.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	360920.12	360920.12
).	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Report Covering the Period:

From:

м м 0 3 01

2005

To:

М М

^D 3 1

^Y 2005

1.	Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	other than loans) From: //Persons Other		
	ical Committees ed (use Schedule A)	24275.00	89689.88
(ii) Uniter	nized	19464.00	54340.00
(iii) TOTA Lines	L (add 11(a)(i) and (ii)	43739.00	144029.88
(b) Political Pa	arty Committees	0.00	0.00
(such as F	ributions (add Lines	0.00	0.00
	o) and (c)) (Carry ine 33, page 5)	43739.00	144029.88
Transfers From Party Committee	Affiliated/Other	0.00	0.00
3. All Loans Rece	ived	0.00	0.00
	nts Received	0.00	0.00
(Refunds, Reba	ates, etc.) Line 37, page 5)	0.00	0.00
to Federal cand	lidates and Other	0.00	500.00
 Other Federal F (Dividends, Intelligence) 	Receipts erest, etc.)	150.17	377.42
8. Transfers from (a) Non-Federa	Non-Federal and Levin Funds		
	edule H3)	0.00	0.00
(b) Levin Fund	s (from Schedule H5)	0.00	0.00
(c) Total Trans	fer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts 12, 13, 14, 15,	(add Lines 11(d), 16, 17, and 18(c))	43889.17	144907.30
20. Total Federal R	eceipts 8(c) from Line 19)	43889.17	144907.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1070.00	0505.50
	Expenditures	1076.98	3565.50
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1076.98	3565.50
22.	Transfers to Affiliated/Other Party		
2	Committees	0.00	0.00
20.	Federal Candidates/Committees	30000.00	64500.00
24.	and Other Political Committees Independent Expenditure	3000.00	04300.00
	(use Schedule E)	0.00	0.00
. J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Porty Committees	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	0.00	27.86
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	31076.98	68093.36
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	0.177.55	
	from Line 31)	31076.98	68093.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contribution		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other from Line 11(d), page 3)	, , , , , , , , , , , , , , , , , , ,	43739.00	144029.88
34. Total Contribution Refun (from Line 28(d))		0.00	0.00
35. Net Contributions (other (subtract Line 34 from Li	′	43739.00	144029.88
36. Total Federal Operating (add Line 21(a)(i) and Lin	· ·	1076.98	3565.50
37. Offsets to Operating Exp (from Line 15, page 3)		0.00	0.00
38. Net Operating Expenditure (subtract Line 37 from Li		1076.98	3565.50

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 43
ITEMIZED RECEIPTS			or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	
or		ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	Dadies - D	alistaal Aastaa Oo oo tu	
/	American Podiatric Medical Assn., Inc.	Podiatry P	oillical Action Committee	
_	Full Name (Last, First, Middle Initial)			
١.	Dr. Michael B. Stegman Mailing Address 7486 E Woodsage Lane			Date of Receipt
	7486 E Woodsage Lane			03 07 2005
	City	State	Zip Code	Transaction ID: 10766018
	Scottsdale	AZ	85258-2019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer American Foot & Ankle Spe-	Occupation	1	╡
	cialists		Medicine and Surgery	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Calc. (opcoil)) \		0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Dr. Dean Takema Nakadate			Date of Receipt
	Mailing Address 4356 Calle Mejillones			03 07 2005
	City	State	Zip Code	
	San Diego	CA	92130-4818	Transaction ID: 10766023 Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		500.00
	Name of Employer	Occupation	1	-
	Name of Employer Self Employed	Podiatris		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼			
_	Full Name (Last, First, Middle Initial)			5. 75 1.
Ĵ.	Dr. Richard L. Rauch Mailing Address 1188 Lost Rd.			Date of Receipt
	Mailing Address 1188 Lost Rd.			03 04 2005
	City	State	Zip Code	Transaction ID: 10766030
	Martinsburg	WV	25401-0898	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	┪
	Self Employed 5	Podiatris		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Gallot (openity) 🔻		0 0 0 0 0 0 0 0	1
0	UBTOTAL of Receipts This Page (optional)		_	1000.00
3	OBITIAL OF Necelpts This Page (optional)		······································	
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0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 7 / 43
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and Sta	atemente may	y not be sold or used by any ners	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. James A. Fausett			Date of Receipt
	Mailing Address Eastern Avenue Podiatr 3777 S. Pecos-McLeod	03 08 2005		
	City	State	Zip Code	Transaction ID: 10766040
	Las Vegas	NV	89121-4265	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Seth A. Rubenstein			Date of Receipt
	Mailing Address 1322 Pavilion Club Way	03 08 2005		
	City	State	Zip Code	Transaction ID: 10766041
	Reston	VA	20194-1338	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr. Julia E. Shauger			Date of Receipt
-	Mailing Address 19732 Schoolhouse			M M / D D / Y Y Y Y Y O S O S
	City	State	Zip Code	Transaction ID: 10766042
	New Lenox	IL	60451-7313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	1
_				1
s	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash			<u> </u>	_

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 43
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or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	_
A.	Full Name (Last, First, Middle Initial) Dr. T. Todd Horak			Date of Receipt
	Mailing Address 19732 Schoolhouse Rd.			03 08 2005
	City	State	Zip Code	Transaction ID: 10766043
	New Lenox	<u>IL</u>	60451-7313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Andrew C. Schink			Date of Receipt
υ.	Mailing Address 1715 Cameo			M M / D D / Y Y Y Y
	maining reduced 17 10 Games			03 09 2005
	City	State	Zip Code	Transaction ID: 10766731
	Eugene	OR	97405-5897	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	E00.00	1
	Other (specify)	0 0	500.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Brian G. Holcomb			Date of Receipt
	Mailing Address 3454 Green Apple Rd.	M M / D D / Y Y Y Y		
				03 07 2005
	City	State	Zip Code	Transaction ID: 10769960
	Gainesville	GA	30506-4121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	1	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	500.00	
C _e	UBTOTAL of Receipts This Page (optional)			1250.00
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_	OTAL This Period (last page this line number or	nlv)		

C]		FOR LINE NUMBER: PAGE 9 / 43
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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			Detailed Summary Page	13 14 15 16 17
۸r	y information copied from such Reports and Sta	ntomonte may	not be cold or used by any pers	
or	for commercial purposes, other than using the r	name and add	ress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		• •	
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
	American i calatile Medical Acon., me.	1 odiatiy i	omical Action Committee	
	Full Name (Last, First, Middle Initial)			
A.	Dr. Steven L. Ginex			Date of Receipt
	Mailing Address 77685 Justin Ct.			M M / D D / Y Y Y Y
				03 09 2005
	City	State	Zip Code	Transaction ID: 10770244
	Palm Desert	CA	92211-6238	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer	Occupation		\dashv
	Name of Employer Self Employed	Podiatrist		
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	Aggregate	Teal-to-Date ¥	-
	Other (specify)		250.00	
	caner (epocary) 🔻	0 0	0 0 0 0 0 0 0	4
_	Full Name (Last, First, Middle Initial)			
В.	Dr. Thomas S. Godfryd			Date of Receipt
	Mailing Address 4988 Heather Point	M M / D D / Y Y Y Y		
				03 10 2005
	City	State	Zip Code	Transaction ID: 10776955
	Birmingham	AL	35242-3950	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	9		
	Name of Employer	Occupation	1	
	Self Employed	Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1050.00	1
	Other (specify) ▼		1250.00	
_	Full Name (Last, First, Middle Initial) Dr. Thomas S. Godfryd			Date of Receipt
٥.	Mailing Address 4988 Heather Point			M M / D D / Y Y Y Y
	4500 Heather Follit			03 10 2005
	City	State	Zip Code	Transaction ID: 10776956
	Birmingham	AL	35242-3950	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	<u> </u>	-
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	. 1991 09410		1
	Other (specify)		1500.00	
				1
s	UBTOTAL of Receipts This Page (optional)			750.00
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9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 / 43
· · · · · · · · · · · · · · · · · · ·			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
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Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. John D. Ruff			Date of Receipt
	Mailing Address 6801 N. Ruff Ln.			03 / 08 / 2005
	City	State	Zip Code	Transaction ID: 10778778
	Peoria	IL	61614-2843	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Garry W. Neltner			Date of Receipt
	Mailing Address 3117 Hudnall Ln.			03 11 2005
	City	State	Zip Code	Transaction ID: 10778780
	Edgewood	KY	41017-2320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Steve Michael Block			Date of Receipt
-	Mailing Address 4421 Oakhurst Bend			03 11 2005
	City	State	Zip Code	Transaction ID: 10778781
	Owensboro	KY	42303-4441	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
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1 1	OTAL This Period (last page this line number o	ıııy)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 43
ITEMIZED RECEIPTS	or each category of the	(check only one)
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		13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per- le name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Podiatric Medical Assn., In	c. Podiatry Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Thomas S. Miller		Date of Receipt
Mailing Address Podiatry Associates 1084 S. Ribaut Rd. #	A	03 11 2005
City	State Zip Code	Transaction ID: 10778782
Beaufort	SC 29902-5437	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	7
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) B. Dr. Stephen D. Lasday		Date of Receipt
Mailing Address W. Coast Podiatry Co	enter	03 11 2005
City	State Zip Code	Transaction ID: 10778783
<u>Bradenton</u>	FL 34207-2868	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify)	250.00	_
Full Name (Last, First, Middle Initial) C. Dr. Jesse Plasencia		Date of Receipt
Mailing Address 1906 Springside Dr.		03 11 2005
City	State Zip Code	Transaction ID: 10778784
<u>Plainfield</u>	IL 60586-4258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		¬
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
A .	Full Name (Last, First, Middle Initial) Dr. Daniel Girardi Mailing Address 150 E. Sunrise Hwy. #L2 City Lindenhurst FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State NY C Occupation Podiatris		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Charles E. Keenan, Jr. Mailing Address 1590 3rd Ave. S.E. City Le Mars FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State IA C Occupation Podiatris: Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) Dr. Michael E. Eglow Mailing Address 40 Greenwood Dr. City Millburn FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State NJ C Occupation Podiatris: Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/43
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		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	_
Full Name (Last, First, Middle Initial) A. Dr. Michael J. Kelley			Date of Receipt
Mailing Address 2 Gibraltar			03 / 14 / 2005
City Rockford	State MI	Zip Code 49341-7703	Transaction ID: 10793673 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	430417700	300.00
Name of Employer Self Employed	Occupation Podiatris		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Thomas S. Murray			Date of Receipt
Mailing Address 10812 S.E. 3rd St.			03 / 14 / 2005
City Midwest City	State OK	Zip Code	Transaction ID: 10793681
FEC ID number of contributing		73130-5104	Amount of Each Receipt this Period
federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Podiatris		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) C. Raymond Posa			Date of Receipt
Mailing Address 104 Casino Dr.			03 / 14 / 2005
City	State	Zip Code	Transaction ID: 10793683
Farmingdale	NJ	07727-3702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer R. Francis Associates	Occupation		
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)			800.00
TOTAL This Period (last page this line number on	ly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Kristin K. Titko Mailing Address 11092 Allenhurst Blvd. City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State OH C Occupation Podiatris Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Hal Ornstein Mailing Address 5 Amanda Ln. City Howell FEC ID number of contributing federal political committee.	State NJ	Zip Code 07731-8941	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self Employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Podiatris Aggregate		
C .	Full Name (Last, First, Middle Initial) Dr. Thomas Charles Melillo Mailing Address 22862 S.W. Saunders D City Sherwood FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State OR C Occupation Podiatris		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
				1250.00
S	UBTOTAL of Receipts This Page (optional)		······	1230.00
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/43
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and State for commercial purposes, other than using the nan	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
or		ne and add	iress or any political committee to	Solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. P	odiatrv P	olitical Action Committee	
_				
۹.	Full Name (Last, First, Middle Initial) Dr. William N. McCann			Date of Receipt
	Mailing Address 18 Jonathan Ln.			M M / D D / Y Y Y Y
	City	State	Zip Code	0 3 1 6 2 0 0 5 Transaction ID: 10793692
	Bow	NH	03304-3713	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Self Employed 1	Occupation Podiatrist		
			Year-to-Date ▼	\dashv
	Primary General Other (specify) ▼	33 3	500.00	
				'
3.	Full Name (Last, First, Middle Initial) Dr. John V. Guiliana			Date of Receipt
	Mailing Address 488 Schooleys Mountian F	Rd. #1B		0 3
	City	State	Zip Code	Transaction ID: 10793694
	Hackettstown	NJ	07840-4001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Self Employed 1	Occupation		
	Receipt For:	Podiatrist Aggregate	Year-to-Date ▼	\dashv
	Primary General	.53. 594.0		
	Other (specify) ▼		250.00	
Э.	Full Name (Last, First, Middle Initial) Dr. Laura J. Pickard			Date of Receipt
	Mailing Address Norridge Foot Clinic 7325 W. Irving Park Rd.			03 16 2005
	City	State	Zip Code	Transaction ID: 10793696
	Chicago	IL	60634-3547	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Self Employed 1	Occupation		7
		Podiatrist		-
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
			<u> </u>	
T	OTAL This Period (last page this line number only	/)	•	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 16 / 43
-		Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Brad A. Toll			Date of Receipt
	Mailing Address 2411 Crofton Ln. #25			03 / 16 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10793699
	Crofton	MD	21114-1304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	1	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	1	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Thomas J. Ortenzio			Date of Receipt
	Mailing Address 2315 Freysville Rd.			M M / D D / Y Y Y
				03 16 2005
	City	State	Zip Code	Transaction ID: 10793701
	Red Lion	PA	17356-8263	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	 1	
	Self Employed	Podiatrist		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) 🔻		250.00	
— С.	Full Name (Last, First, Middle Initial) Dr. Michael B. Thompson			Date of Receipt
٥.	Mailing Address 201 68th Pl.			M M / D D / Y Y Y Y
	201 0011111.			03 16 2005
	City	State	Zip Code	Transaction ID: 10793702
	Kenosha	WI	53143-5137	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional))	750.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/43
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S	Statements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	e name and ad	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	Dadiator F	Palitical Action Committee	
American Podiatric Medical Assn., Inc	. Podlatry F	Political Action Committee	
Full Name (Last, First, Middle Initial) 4. Dr. Joshua Gerbert			Date of Receipt
Mailing Address 16 Fairview			M M / D D / Y Y Y Y
City	State	Zip Code	03 16 2005
Corte Madera	CA	94925-1639	Transaction ID: 10793706 Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1	
federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio Podiatris		
Receipt For:		e Year-to-Date ▼	
Primary General		250.00	
Other (specify)	0 0	200.00	
Full Name (Last, First, Middle Initial) 3. Dr. William S. Lynde	•		Date of Receipt
Mailing Address 1568 Doe Trail Ln.			03 17 2005
City	State	Zip Code	Transaction ID: 10795228
Yardley	PA	19067-4054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio		
Receipt For:	Podiatris	e Year-to-Date ▼	_
Primary General	Aggregati		1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)			
Dr. Christopher Brennan Wieting			Date of Receipt
Mailing Address 1910 Deer Park Ave.			03 20 2005
City	State	Zip Code	Transaction ID: 10799567
Louisville	KY	40205-1202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio Podiatris		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	' '	250.00	
Other (specify) ▼	0 0	0 0 0 0 0 0 0	1
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number	only)		
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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Howard G. Osterman Mailing Address 7512 Flamewood Dr. City Clarksville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State MD C Occupation Podiatris: Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Russell J. Barone Mailing Address 29 Glen Crest Dr. City Arden FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State NC C Occupation Podiatris: Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Dr. Donald D. Yoder Mailing Address 3010 W. Central City Wichita FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State KS C Occupation Podiatris Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			800.00
Т	OTAL This Period (last page this line number or	nlv)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 43
ITEMIZED RECEIPTS		or each category of the		(check only one)
TI EIMIEED TIEGEII TO			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any personal distribution of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. John P. Calcatera Mailing Address Birmingham Podiatry			Date of Receipt
	2012 8th Ct. S.			03 18 2005
	City	State	Zip Code	Transaction ID: 10803459
	Birmingham	AL	35205-2799	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	1	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Neil J. Kanner			Date of Receipt
	Mailing Address 1840 Lippincott Rd.			03 18 2005
	City	State	Zip Code	Transaction ID: 10803460
	Huntingdon Valley	PA	19006-7925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		230.00	
C.	Full Name (Last, First, Middle Initial) Dr. David C. Zink			Date of Receipt
	Mailing Address 10008 Indian Walk Dr.			03 18 2005
	City	State	Zip Code	Transaction ID: 10803461
	Cincinnati	<u>OH</u>	45241-3507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	-	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00	
s	LUBTOTAL of Receipts This Page (optional)			750.00
	OTAL This Period (last page this line number o	nlv)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 43 (check only one) X
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Marc Weitzman Mailing Address 10425 Kingston City Huntington Woods FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State MI C Occupation Podiatrist Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Frederick Mailing Address 17333 W. 10 Mile Rd. City Southfield FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State MI C Occupation Podiatrist Aggregate		Date of Receipt M M M / 22 / 2005 Transaction ID: 10803475 Amount of Each Receipt this Period 250.00
D.	Full Name (Last, First, Middle Initial) Dr. Gary S. Saphire Mailing Address 248 Avenue P City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State NY C Occupation Podiatrist Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number or	nlv)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 43 (check only one) X
Ar or	y information copied from such Reports and Stator commercial purposes, other than using the national states.	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Kevin William Lutz Mailing Address 5285 Aryshire Dr. City Dublin FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State OH C Occupation Podiatris Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Nancy A. Kaplan Mailing Address 52 Pitt Rd. City Springfield FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State NJ C Occupation Podiatris Aggregate		Date of Receipt M M M / 22 / 2005 Transaction ID: 10803488 Amount of Each Receipt this Period 250.00
C .	Full Name (Last, First, Middle Initial) Dr. Michael Tritto Mailing Address 14409 White Tree Pl. City North Potomac FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State MD C Occupation Podiatris Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number or	ılv)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 43 (check only one)
			or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any person	on for the purpose of soliciting contributions
01	1 1 .	arrie ariu auc	diess of any political committee to	Solicit contributions from Such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. David C. Novicki			Date of Receipt
	Mailing Address 403 Northwood Dr.			03 22 2005
	City	State	Zip Code	Transaction ID: 10803498
	Orange	CT	06477-1051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Paul M. Greenberg			Date of Receipt
	Mailing Address 101 Puritan Dr.			03 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10808698
	Scarsdale	NY	10583-6839	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Lawrence Plotkin			Date of Receipt
	Mailing Address 2219 North Ave. #5			03 25 2005
	City	State	Zip Code	Transaction ID: 10832224
	Scotch Plains	NJ	07076-4540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			800.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 23 / 43
ITEMIZED RECEIPTS			or each category of the	(check only one)	7
••	LIMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
Δr	w information copied from such Reports and St	tatemente may	y not be cold or used by any perso		
or	ly information copied from such Reports and Si for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Marc R. Bernbach			Date of Receipt	
	Mailing Address 126 Burr Hall Rd.	Ctoto	7:n Codo	03 25	2005
	City Middlebury	State CT	Zip Code 06762-1403	Transaction ID: 10	
	•	O1	06762-1403	Amount of Each Re	celpt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	0 0	8 8 8 8 8 8		
В.	Full Name (Last, First, Middle Initial) Dr. Thomas Neuman			Date of Receipt	
	Mailing Address 11861 Killimore Ave.			03 / 25	
	City	State	Zip Code	Transaction ID: 10)832238
	Northridge	CA	91326-1937	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Self Employed	Occupation Podiatrist			
	Receipt For:		Year-to-Date ▼	\dashv	
	Primary General	Aggregate	Teal to Date V	1	
	Other (specify) ▼		250.00		
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Debra B. Klein			Date of Receipt	
	Mailing Address 4 Sandringham Ter.			03 / 25	2005
	City	State	Zip Code	Transaction ID: 10)832239
	Cherry Hill	NJ	08003-1534	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)				750.00
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T	OTAL This Period (last page this line number	only))		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 43
ITEMIZED RECEIPTS		or each category of the		(check only one)
TI EIMIZED TIEGEII TO			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	ny information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	_
A.	Full Name (Last, First, Middle Initial) Dr. Carlton G. Purvis			Date of Receipt
	Mailing Address 309 Old Coach Rd.			03 25 2005
	City	State	Zip Code	Transaction ID: 10832240
	Rocky Mount	NC	27804-2134	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. R. Daniel Davis			Date of Receipt
	Mailing Address 450 Clement Ln.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10832246
	Orange	CT	06477-2803	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation	า	_
	Self Employed	Podiatrist		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		500.00	
_	Full Name (Local First Affallia Intital)			
C.	Full Name (Last, First, Middle Initial) Dr. Kevan R. Kreitman			Date of Receipt
	Mailing Address 30160 Mayfair			M M / D D / Y Y Y Y
	City	State	Zip Code	0 3 2 5 2 0 0 5 Transaction ID: 10832249
	Farmington Hills	MI	48331-2156	Amount of Each Receipt this Period
	FEC ID number of contributing		10001 2100	
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		7
		Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Strict (openity) \		0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			1250.00
\vdash			<u> </u>	
Ιт	OTAL This Period (last page this line number of	nlv)		

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 25 / 43 (check only one)
-			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc. F	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Jimmy L. Gregory			Date of Receipt
	Mailing Address 4319 Covington Hwy. #1	15		03 23 2005
	City	State	Zip Code	Transaction ID: 10832761
	Decatur	GA	30035-1206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Michael S. Downey			Date of Receipt
	Mailing Address 165 Pheasant Fields Ln			03 23 7 2005
	City	State	Zip Code	Transaction ID: 10832762
	Moorestown	NJ	08057-1431	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
) .	Full Name (Last, First, Middle Initial) Dr. James Wayne Ratcliff			Date of Receipt
	Mailing Address Samaritan Family Practic 2460 Samaritan Dr.	е		03 / 21 / 9 9 9 9
	City	State	Zip Code	Transaction ID: 10832799
	San Jose	CA	95124-3907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number onl	v)		
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ITI	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 43 (check only one) X
Ang or f	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Robert E. Sherman Mailing Address 4640 Main St. City Stratford FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State CT C Occupation Podiatris Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Matthew J. Thompson Mailing Address 4935 White Oak Dr. City Lumberton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State NC C Occupation Podiatris Aggregate		Date of Receipt M M M / 21 / 2005 Transaction ID: 10832809 Amount of Each Receipt this Period 250.00
C.	Full Name (Last, First, Middle Initial) Dr. Thomas G. Rogers Mailing Address Central UT Foot & Ankle 150 W. 800 N. City Provo FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State UT C Occupation Podiatris		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	JBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number or	nlv)		

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5	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	(check only one)							
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۸r	y information copied from such Reports and Sta	ntomonte mov	rnot ha cold or used by any nore								
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)		<u></u>								
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee								
	7 interiori i caracite medical 7 ceni, mei	. Galatiy i	omiodi 7 lotioni Gominita								
_	Full Name (Last, First, Middle Initial)										
A.	Dr. Mark F. Rogers			Date of Receipt							
	Mailing Address	e Clinic		M M / D D / Y Y Y Y							
	150 W. 800 N.			03 21 2005							
	City	State	Zip Code	Transaction ID: 10832816							
	Provo	UT	84601-1624	Amount of Each Receipt this Period							
	FEC ID number of contributing	С		250.00							
	federal political committee.	9									
	Name of Employer Self Employed	Occupation	1	\dashv							
	Self Employed 1	Podiatrist	t								
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General	1 1		1							
	Other (specify)		250.00								
	Full Name (Last, First, Middle Initial)										
В.	Dr. David Gleitzman			Date of Receipt							
	Mailing Address 372 Laurel St.			03 21 2005							
	City	State	Zip Code	Transaction ID: 10832823							
	Morgantown	WV	26505-3223	Amount of Each Receipt this Period							
		VV V	20000-0220	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation									
		Podiatrist									
	Receipt For:	Aggregate	e Year-to-Date ▼	_							
	Primary General		250.00	11							
	Other (specify)	1 1		1							
_	Full Name (Last, First, Middle Initial)			- 							
C.	Dr. Gerard J. Busch			Date of Receipt							
	Mailing Address 325 E. Broadway			M M / D D / Y Y Y Y							
				03 22 2005							
	City	State	Zip Code	Transaction ID: 10832833							
	Osseo	MN	55369-1527	Amount of Each Receipt this Period							
	FEC ID number of contributing			250.00							
	federal political committee.	C		200.00							
	Name of Employer	Occupation	า	\dashv							
	Self Employed	Podiatrist									
	Receipt For:		Year-to-Date ▼	_							
	Primary General	33 13141		7							
	Other (specify) ▼	1	250.00								
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s	UBTOTAL of Receipts This Page (optional)			750.00							
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SCHEDULE A (FEC Form 3X)			Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 28 / 43							
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)							
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Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	rnot be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.							
\setminus	NAME OF COMMITTEE (In Full)										
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr. Jack A. Koch			Date of Receipt							
	Mailing Address 2937 Cardamon Ln.			03 22 2005							
	City	State	Zip Code	Transaction ID: 10832842							
	Fullerton	CA	92835-4307	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation Podiatrist									
	Receipt For:		Year-to-Date ▼								
	Primary General	-	250.00	7							
	Other (specify)	0 0	250.00								
В.	Full Name (Last, First, Middle Initial) Dr. Thomas V. Johnson			Date of Receipt							
	Mailing Address 289 Main St.			03 28 2005							
	City	State	Zip Code	Transaction ID: 10846807							
	Suffield	<u>CT</u>	06078-1332	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation Podiatrist									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Howard W. Harinstein			Date of Receipt							
	Mailing Address 21 Dell Cir.			03 28 2005							
	City	State	Zip Code	Transaction ID: 10846808							
	Trumbull	CT	06611-2308	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation Podiatrist									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		250.00	7							
	Other (specify) ▼	0 0		_							
s	UBTOTAL of Receipts This Page (optional)			750.00							

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 43							
	EMIZED RECEIPTS		or each category of the	(check only one)							
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.							
\setminus	NAME OF COMMITTEE (In Full)										
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr. Carol A. Callahan			Date of Receipt							
	Mailing Address 40 Samp Mortar Dr.			03 28 2005							
	City	State	Zip Code	Transaction ID: 10846809							
	<u>Fairfield</u>	CT	06824-2462	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation Podiatrist									
	Receipt For:		Year-to-Date ▼								
	Primary General	1 1	350.00	1							
	Other (specify)	0 0	330.00								
В.	Full Name (Last, First, Middle Initial) Dr. William Scott Newcomb			Date of Receipt							
	Mailing Address 248 Potomac Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: 10846814							
	Wilmington	DE	19803-3121	Amount of Each Receipt this Period							
	FEC ID number of contributing										
	federal political committee.	C		250.00							
	Name of Employer	Occupation	1								
	Self Employed	Podiatrist									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	1 1	250.00	1							
	Other (specify)		250.00								
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Anthony P. Tocco			Date of Receipt							
	Mailing Address 700 Riverside Dr.			M M / D D / Y Y Y Y							
	-			03 25 2005							
	City	State	Zip Code	Transaction ID: 10847148							
	Ormond Beach	FL	32176-7814	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation Podiatrist									
	Receipt For:		Year-to-Date ▼								
	Primary General	111		1							
	Other (specify) ▼		250.00								
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 43 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. F	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Daniel L. Bangart			Date of Receipt
	Mailing Address 7060 W. Surrey			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10847153
	<u>Peoria</u>	AZ	85381-5014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Joseph Ryan Treadwell			Date of Receipt
	Mailing Address 15 Lantern Ct.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10847193
	Farmington	CT	06032-3333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Jeffrey S. Kahn			Date of Receipt
	Mailing Address 63 Murphy Dr.			03 25 2005
	City	State	Zip Code	Transaction ID: 10847199
	Rocky Hill	CT	06067-1865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation		7
	Receipt For:	Podiatris	t Year-to-Date ▼	-
	Primary General	Aggregate	Todi-to-Date ▼	1
	Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)			800.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 43							
	EMIZED RECEIPTS		or each category of the	(check only one)							
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Δη	v information copied from such Reports and St	atemente may	y not be sold or used by any pers								
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.							
\setminus	NAME OF COMMITTEE (In Full)										
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr. Mark B. Saffer			Date of Receipt							
	Mailing Address 3165 Gilbert Ridge Rd.			03 25 2005							
	City	State	Zip Code	Transaction ID: 10847201							
	West Bloomfield	MI	48322-1836	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation Podiatris									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		250.00	7							
	Other (specify)	0 0	200.00	1							
В.	Full Name (Last, First, Middle Initial) Dr. Kevin Holton			Date of Receipt							
	Mailing Address 2805 Jasmine Ct.			03 24 2005							
	City	State	Zip Code	Transaction ID: 10848496							
	Saint Cloud	MN	56301-9467	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		300.00							
	Name of Employer Self Employed	Occupation Podiatris									
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼	0 0	300.00								
<u> </u>	Full Name (Last, First, Middle Initial)			+							
				Date of Receipt							
	Dr. Edward F. Cosentino Mailing Address 3087 Olde Winter Trl.			Date of Receipt							
	Dr. Edward F. Cosentino Mailing Address 3087 Olde Winter Trl.	State	Zin Code	03 19 2005							
	Dr. Edward F. Cosentino Mailing Address 3087 Olde Winter Trl. City	State OH	Zip Code 44514-2871	0 3 1 9 2 0 0 5 Transaction ID: 10898168							
	Dr. Edward F. Cosentino Mailing Address 3087 Olde Winter Trl. City Poland	ОН	•	Transaction ID: 10898168 Amount of Each Receipt this Period							
	Dr. Edward F. Cosentino Mailing Address 3087 Olde Winter Trl. City		•	0 3 1 9 2 0 0 5 Transaction ID: 10898168							
	Dr. Edward F. Cosentino Mailing Address 3087 Olde Winter Trl. City Poland FEC ID number of contributing	ОН	44514-2871	Transaction ID: 10898168 Amount of Each Receipt this Period							
	Dr. Edward F. Cosentino Mailing Address 3087 Olde Winter Trl. City Poland FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	OH C Occupation Podiatris	44514-2871	Transaction ID: 10898168 Amount of Each Receipt this Period							
	Dr. Edward F. Cosentino Mailing Address 3087 Olde Winter Trl. City Poland FEC ID number of contributing federal political committee. Name of Employer Self Employed	OH C Occupation Podiatris	44514-2871	Transaction ID: 10898168 Amount of Each Receipt this Period							
	Dr. Edward F. Cosentino Mailing Address 3087 Olde Winter Trl. City Poland FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	OH C Occupation Podiatris	44514-2871 1	Transaction ID: 10898168 Amount of Each Receipt this Period							
s	Dr. Edward F. Cosentino Mailing Address 3087 Olde Winter Trl. City Poland FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	OH C Occupation Podiatris Aggregate	44514-2871 A Year-to-Date ▼ 300.00	Transaction ID: 10898168 Amount of Each Receipt this Period							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Craig McLaws Mailing Address The Foot Care Center 132 N. Gould City Sheridan FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State WY C Occupation Podiatrist Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Lynn LeBlanc Mailing Address 12 Trevor Ln.	0 0	200.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City East Granby FEC ID number of contributing federal political committee.	State CT	Zip Code 06026-9667	Transaction ID: 10898187 Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatrist Aggregate		
C .	Full Name (Last, First, Middle Initial) Dr. Louis M. Sempek Mailing Address 5804 S. 171st St. City Omaha FEC ID number of contributing federal political committee. Name of Employer Self Employed	State NE C Occupation		Date of Receipt M M Z B Z D D Z D Z D D D D D D D D D D D D
	Receipt For: Primary General Other (specify)	Podiatrisi Aggregate	t Year-to-Date ▼ 600.00	
s	UBTOTAL of Receipts This Page (optional)		······	975.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 43 (check only one)								
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.								
\setminus	NAME OF COMMITTEE (In Full)											
\rangle	American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee									
Α.	Full Name (Last, First, Middle Initial) Dr. Barry Saffran			Date of Receipt								
	Mailing Address 5949 Farview Woods Di	r.		03 / 31 / 2005								
	City	State	Zip Code	Transaction ID: 10901779								
	Fairfax Station	VA	22039-1426	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		250.00								
	Name of Employer Self Employed	Occupation Podiatris										
	Receipt For:	Aggregate	e Year-to-Date ▼									
	Primary General		050.00	1								
	Other (specify) ▼	0 0	250.00									
В.	Full Name (Last, First, Middle Initial) Dr. Mark E. Pinker			Date of Receipt								
	Mailing Address Pinker & Associates 47 Brookwood Ave.			03 / 31 / 2005								
	City	State	Zip Code	Transaction ID: 10901782								
	Carlisle	PA	17013-9126	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		250.00								
	Name of Employer Self Employed	Occupation Podiatris										
	Receipt For:	Aggregate	e Year-to-Date ▼									
	Primary General	1 1		1								
	Other (specify) ▼	0 0	250.00									
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr. Ernest J. Hook			Date of Receipt								
	Mailing Address 9861 Inwood Rd.			03 / 31 / 2005								
	City	State	Zip Code	Transaction ID: 10901792								
	Folsom	CA	95630-1913	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		500.00								
	Name of Employer Self Employed	Occupation Podiatris										
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00									
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24275.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 43 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry Political Action Committee	
Full Name (Last, First, Middle Initial) Investment Account, Interest/Dividends Mailing Address 100 Light St., 19th Floor City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Baltimore FEC ID number of contributing federal political committee.	MD 21202-1036	Amount of Each Receipt this Period 150.17
Name of Employer Citigroup Global Markets, Inc. Receipt For: Primary Other (specify) ▼	Occupation Investment Firm Aggregate Year-to-Date ▼ 377.42	interest income

SUBTOTAL of Receipts This Page (optional)	•	150.17
TOTAL This Period (last page this line number only)	•	150.17

S	CHEDULE B	DULE B (FEC Form 3X) Use seperate schedule(s)				FOR LINE NUMBER: PAGE 35/									43		
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or		poses, other than usin	ig the name	and addre	ess of any political	con	nmitte	e to so	iicit conti	ibut	ions tro	om si	ucn com	ımıttee			
$ \rangle$	NAME OF COMM	atric Medical Assn	Inc. Poo	diatry Po	litical Action Co	nmr	nitte	2									
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Α.	Full Name (Last, F Wachovia Bank										ion ID:		80310				
		ν, τ ν							M	_		2		Y _ Y	_ Y		
	Mailing Address	NC8502 PO Box 563966							0 3		0	2		ž 0 ŏ !	5		
	City Charlotte			State VC	Zip Code 28262-3966				Amou	int o	f Each	Disb	urseme	nt this	Period		
	Purpose of Disbur Bank Fees	rsement				Г	001		<u> </u>	-				4.	08		
	Candidate Name					С	atego Type										
	Office Sought:	House Senate President		nent For: Primary Other (spe	General ecify) ▼				Bank	Fee	es						
	State:	District:															
В.		First, Middle Initial) k, N.A.									i on ID: isburse		'80318 t				
	Mailing Address	NC8502 PO Box 563966							0,3	М	[′] 0	2	/ Y	ž 0 ŏ !	5 ^Y		
	City Charlotte			State VC	Zip Code 28262-3966				Amou	int o	f Each	Disb	urseme	nt this	Period		
	Purpose of Disbur Bank Fees	rsement				Г	001							19.	40		
	Candidate Name					С	atego Type	ry/									
	Office Sought:	House Senate President		nent For: Primary Other (spe	General ecify) ▼				Bank	Fee	es						
	State:	District:															
C.	Full Name (Last, F Wachovia Bank								Date	of D	isburse	emen					
	Mailing Address	NC8502 PO Box 563966							0,3	М	[′] 0	2	/ Y	ž o ŏ :	5 [*]		
	City Charlotte			State VC	Zip Code 28262-3966				Amou	int o	f Each	Disb	urseme				
	Purpose of Disbur Bank Fees	rsement					001		L.	-				370.	62		
	Candidate Name					С	atego Type										
	Office Sought:	House Senate President District:		nent For: Primary Other (spe	General ecify) ▼				Bank	Fee	es						
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lт	OTAL This Period	(last page this line nu	mber only)					•									

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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag		_	_	1b _	22 28a	П	23 28b	$\mathbf{\Box}$	24 28c	25 29	26 30b	
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$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry Political Action	Comm	ni	ttee									
_	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID:	: 127	80322			
Α.	Wachovia Bank, N.A.							of D	isburs			V	V	
	Mailing Address NC8502 PO Box 563966						0 3	IVI	′	2	/ <u> </u>	ž o ŏ !	5	
	City Charlotte	State Zip Code NC 28262-396	36				Amou	ınt o	f Each	Disb	urseme	nt this	Period	
	Purpose of Disbursement		T	0		7	L					562.	91	
	Bank Fees		_	_	01									
	Candidate Name				egory ype	"								
	Senate President	rsement For: Primary General Other (specify)	al				Bank	Fee	es					
_	State: District:													
В.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.						Date	of D	ion ID: isburs	emen			V	
	Mailing Address NC8502 PO Box 563966						0 3	М		7	/ <u> </u>	ž o ŏ !	5	
	City Charlotte	State Zip Code NC 28262-396	66				Amou	ınt o	f Each	Disb	urseme			
	Purpose of Disbursement Bank Fees			0	01				_		-	119.	29	
	Candidate Name				egory ype	/								
	Office Sought: House Disbu Senate President	rsement For: Primary Genera Other (specify) ▼	al				Bank	Fee	es					
	State: District:													
C.	Full Name (Last, First, Middle Initial) Investment Account						Date	of D	isburs	emen				
	Mailing Address						0 3	М	[/] 3	3 1	/ \	ž 0 ŏ !	5 ^Y	
	City	State Zip Code					Amou	ınt o	f Each	Disb	urseme	nt this	Period	
	Purpose of Disbursement interest expense			_	01		L.	_	_			0.	68	
	Candidate Name		Ca	ate	o i egory ype	"/								
	Office Sought: Senate President State: Disbu	rsement For: Primary Genera Other (specify)	al				intere	est e	expen	se				
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	y Information copied from such Reports and State for commercial purposes, other than using the na													ıs
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\rangle	American Podiatric Medical Assn., Inc. I	Podiatry Political Action C	omm	٦i	ttee									
_	Full Name (Last, First, Middle Initial)									_	7521	60		
Α.	Virginia Foxx For Congress						M	of Di	isburs		nt	,	· · · ·	V
	Mailing Address 11468 Hwy 105						0,3		(2	Ľ	2	o ŏ s	5
	City Banner Elk	State Zip Code NC 28604					Amou	ınt o	f Each	n Dis	burse	men	t this I	Period
	Purpose of Disbursement	2000+		-		_						1	500.	00
	2006 Primary Election				11.									
	Candidate Name Virginia Foxx				egory ype	//								
	X	sement For: 2006 X Primary General Other (specify)					2006	Prir	nary	Elec	otion			
	State: NC District: 5													
В.	Full Name (Last, First, Middle Initial) Friends Of Mike Ferguson						Trans		on ID	_	-	43		
							М	М	/ D	D	/ Y	,	Y	_ Y
	Mailing Address C/O Ron Gravino P	.O. Box 225					0 3			0 4	L	2	o ŏ ŧ	5
	City Colonia	State Zip Code NJ 07067					Amou	ınt o	f Each	n Dis	burse	men	t this I	Period
	Purpose of Disbursement 2006 Primary Election			^	11				_			_ 1	000.	00
	Candidate Name Rep. Mike Ferguson		Ca	ate	egory pe	"/								
	Senate President	sement For: 2006 X Primary General Other (specify)					2006	Prir	mary	Elec	ction			
	State: NJ District: 7 Full Name (Last, First, Middle Initial)													
C.	Ben Cardin For Congress							of D	isburs			79		
	Mailing Address 100 E. Pratt Street 26th	ı Floor					0 ³	М	/ D	1 4	/ L	ž	0 ŏ ŧ	5 ^Y
	City Baltimore	State Zip Code MD 21202					Amou	ınt o	f Each	n Dis	burse	men	t this I	Period
	Purpose of Disbursement 2006 Primary Election			0	11	\neg		_				. 1	000.	00
	Candidate Name Rep. Benjamin L. Cardin		Ca	ate	egory pe	//								
		sement For: 2006 X Primary General Other (specify)			<u> </u>		2006	Prir	mary	Elec	otion			
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IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 27	22 28a	X	23 28b	24		25 29	26 30t
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam												S
	NAME OF COMMITTEE (In Full)		/ 										
\rangle	American Podiatric Medical Assn., Inc. Po	odiatry Pol	litical Action Co	mr	mitte	ee							
Α.	Full Name (Last, First, Middle Initial) Simpson For Congress								on ID: sburse	1078 ement	3394		
	Mailing Address 1487 Parkway Drive						0 ^M 3	M	^D 1	4 /	Y	ž o ŏ 5	5 Y
	City Blackfoot	State ID	Zip Code 83221				Amou	nt of	Each	Disbu	semer	nt this F	Period
	Purpose of Disbursement 2006 Primary Election				01	1						1000.	00
	Candidate Name Rep. Michael K. Simpson			С	ateg Typ	gory/ pe							
	Senate X President	ement For: Primary Other (spe	2006 General				2006	Prin	nary E	Election	n		
_	State: ID District: 2 Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	1078	3393		
B.	Friends Of Carolyn Mccarthy							of Di	sburse	ement 4	Y	2 0 Ó 5	Y
	Mailing Address 151 Linden Road												
	City Mineola	State NY	Zip Code 11501				Amou	nt of	Each	Disbu		nt this F	
	Purpose of Disbursement 2006 Primary Election				01			_	•			1000.	00
	Candidate Name Rep. Carolyn McCarthy			С	ateg Typ	gory/ be							
	· -	ement For: Primary Other (spe	2006 General				2006	Prin	nary E	Election	n		
	State: NY District: 4												
C.	Full Name (Last, First, Middle Initial) Kyl for Senate						Date of	of Di	sburse				V
	Mailing Address POST OFFICE BOX 102	·46					0 ^M 3	M	1	^D 4		2 0 ŏ 5	5
	Phoenix	State AZ	Zip Code 85064				Amou	nt of	Each	Disbui		nt this F	
	Purpose of Disbursement 2006 Primary Election				01	1		•	-	-		2500.	JU
	Candidate Name Jon Kyl			С	ateg Typ	gory/ pe							
	· H	ement For: Primary Other (spe	2006 General ecify) ▼				2006	Prin	nary E	Election	n		
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$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry Political Action C	omm	ni [.]	ttee								
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Α.	Full Name (Last, First, Middle Initial)								-		88400		
Λ.	Boozman For Congress						M	of D	isburse	ement		V V	V
	Mailing Address PO Box 671						0 3		1	4	L.	žoŏ	5
	City	State Zip Code					Amou	ınt o	f Each	Disb	urseme	nt this	Period
	Rogers	AR 72757										1000.	00
	Purpose of Disbursement 2006 Primary Election			0	11	11							
	Candidate Name		Ca	ate	egory/								
	Rep. John N. Boozman	rsement For: 2006		T _!	/pe								
	Office Sought: X House Disbut	x Primary General					2006	Prir	nary	Elect	ion		
	President	Other (specify)											
	State: AR District: 3												
В.	Full Name (Last, First, Middle Initial) Michael Burgess For Congress								on ID:		88271		
							М	м	/ D	D /		YYY	_ Y
	Mailing Address PO Box 2334						0 3		1	4	<u></u>	žοŏ	5
	City Denton	State Zip Code TX 76202					Amou	ınt o	f Each	Disb	urseme	nt this	Period
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	2006 Primary Election			0	11								
	Candidate Name Rep. Michael C. Burgess, M.D.				egory/ ype								
	9 2	rsement For: 2006					2006	Prir	narv	Elect	ion		
	Senate President	X Primary General Other (specify) ▼							,				
	State: TX District: 26												
C.	Full Name (Last, First, Middle Initial)										88397		
Ο.	Dutch Ruppersberger For Congress							of D	isburse	ement		V V	V
	Mailing Address 22 West Padonia Road	Suite A307					0 3			4	Ľ.	žoŏ	5
	City Timonium	State Zip Code MD 21093					Amou	ınt o	f Each	Disbu	urseme	nt this	Period
	Purpose of Disbursement 2006 Primary Election			_	11	7	L.					1000.	00
	Candidate Name			_	egory/	_							
	Rep. C.A. Dutch Ruppersberger				/pe								
	9 2	rsement For: 2006 X Primary General					2006	Prir	nary	Elect	ion		
	President	Other (specify)											
	State: MD District: 2												
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or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political co	mmillee to sc	IICIL CONTRIBUTIO	ons from such	committee			
American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	mittee						
Full Name (Last, First, Middle Initial)			Transactio	on ID: 107885	537			
Van Hollen For Congress				sbursement	V * V * V *	V		
Mailing Address 10537 St. Paul Street			03 4	14	Ý Ž0Ď5			
	State Zip Code		Amount of	Each Disburse	ement this F	Period		
Kenington Purpose of Disbursement	MD 20895				2500.0	00		
2006 Primary Election		011						
Candidate Name Rep. Chris Van Hollen		Category/ Type						
X	nent For: 2006 Primary General Other (specify)		2006 Prim	nary Election				
Full Name (Last, First, Middle Initial)								
3. Doyle For Congress Committee				on ID: 107883 sbursement	391			
Mailing Address 2227 Hampton Street			03 M	14	Ý Ž0 Ď 5	Y		
City	State Zip Code		Amount of	Each Disburse	ement this F	Period		
	PA 15218					-		
Purpose of Disbursement 2006 Primary Election	I	011			1000.0	00		
Candidate Name Rep. Michael F. Doyle		Category/ Type						
President	ment For: 2006 Primary General Other (specify)		2006 Prim	nary Election				
State: PA District: 14 Full Name (Last, First, Middle Initial)								
Promoting Republicans You Can Elect Pro	ect		Date of Dis	on ID: 107883 sbursement		V		
Mailing Address 1155 21st Street NW Suite 300			03 /	14	Ž 0 Ö 5			
,	State Zip Code DC 20036		Amount of	Each Disburse	ement this F	eriod		
Purpose of Disbursement Contribution to PRYCE PROJECT	I	011			1500.0	00		
Candidate Name		Category/ Type						
Office Sought: Senate President State: Disburse	ment For: Primary General Other (specify)		Contributi JECT	on to PRYCI	E PRO-			
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	y Information copied from such Reports and Stat for commercial purposes, other than using the na													5
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\rangle	American Podiatric Medical Assn., Inc.	Podiatry Political Action C	omm	ni	ttee									
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 108	31977	'6		
Α.	Pallone For Congress						M	of D м	isburs		nt	· v	V	V
	Mailing Address PO Box 3176						0,3	IVI	′	2 2 D	Ĺ	20) Ó 5	
	City Long Branch	State Zip Code NJ 07740					Amou	ınt o	f Each	n Dist	bursen	nent t	his P	eriod
	Purpose of Disbursement			U		\neg						25	0.00	0
	2006 Primary Election Candidate Name			_	11	.,								
	Rep. Frank Pallone, Jr.				egory ype	'								
	Office Sought: X House Senate President State: NJ District: 6	sement For: 2006 X Primary General Other (specify)					2006	Prir	mary	Elec	tion			
_	Full Name (Last, First, Middle Initial)			_						400				
В.	Ted Strickland For Congress						Date		isburs	emer	33272 nt		V *	V
	Mailing Address 795 Luther Road PO Box 255						0,3	IVI	′	25	Ĺ	2 0) Ď 5	
	City Minford	State Zip Code OH 45653					Amou	ınt o	f Each	n Dist	bursen	-		-
	Purpose of Disbursement 2006 Primary Election			^	11			0				10	0.00	0
	Candidate Name		Ca	ate	egory	/								
	Rep. Ted Strickland Office Sought: X House Disbut	rsement For: 2006		I :	ype									
	Senate President	X Primary General Other (specify)					2006	Prir	mary	Elec	tion			
	State: OH District: 6													
C.	Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee, Tl	ne							on ID		33272 nt	24		
	Mailing Address P.O. Box 1444						0 ^M 3	М	/ D 2	2 5 ^D	/ Y	ž) Ó 5	Y
	City Ennis	State Zip Code TX 75120					Amou	ınt o	f Each	n Disk	oursen	nent t	this P	eriod
	Purpose of Disbursement 2006 Primary Election			0	11	7					_	20	00.0	0
	Candidate Name Rep. Joe L. Barton		Ca	at	egory ype	/								
	Senate President	rsement For: 2006 X Primary General Other (specify)	l	•	•		2006	Prir	mary	Elec	tion			
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NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po	<u> </u>			
Full Name (Last, First, Middle Initial) Virgil Goode for Congress			Transaction ID: 1083272 Date of Disbursement	26 2005
Mailing Address 125 Orchard Avenue			03 23	2003
,	State Zip Code VA 24151		Amount of Each Disbursen	nent this Period
Purpose of Disbursement 2006 Primary Election		011		1000.00
Candidate Name Mr. Virgil H. Goode, Jr.		Category/ Type		
	ment For: 2006 Primary General Other (specify)		2006 Primary Election	
Full Name (Last, First, Middle Initial)			Transaction ID: 1083272	25
Friends of Roger Wicker			Date of Disbursement O 3	2005
Mailing Address P.O. Box 874			03 25	2003
,	State Zip Code MS 38802		Amount of Each Disbursen	nent this Period
Purpose of Disbursement 2006 Primary Election		011		1000.00
Candidate Name Mr. Roger Wicker		Category/ Type		
X	ment For: 2006 Primary General Other (specify)		2006 Primary Election	
Full Name (Last, First, Middle Initial) The Hawkeye PAC			Transaction ID: 1083272 Date of Disbursement	29
Mailing Address PO Box 7255			03 M / 25 / Y	2005
City Des Moines	State Zip Code IA 50309		Amount of Each Disbursen	nent this Period
Purpose of Disbursement 2006		011		1500.00
Candidate Name		Category/ Type		
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)		2006	
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5(CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 43/43
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	y Information copied from such Reports and Stat for commercial purposes, other than using the na			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry Political Action C	ommittee	
	Full Name (Last, First, Middle Initial)			Transaction ID: 10898224
۹.	John D. Dingell For Congress Committe	е		Date of Disbursement
	Mailing Address 607 14th Street N.W. Suite 800			03 0 7 2 0 0 5
	City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 Primary Election		011	5000.00
	Candidate Name Rep. John D. Dingell		Category/ Type	
	Office Sought: X House Disbu Senate President	rsement For: 2006 X Primary General Other (specify)		2006 Primary Election
	State: MI District: 15			

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